

REQUEST FOR PLANT CLEARANCE				1. DATE PREPARED (YYYYMMDD)		Form Approved OMB No. 0704-0246 Expires Dec 31, 1999	
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.							
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO ADDRESS IN ITEM 2.							
2. TO (Include ZIP Code)				3. FROM (Include ZIP Code)			
It is requested that plant clearance, including prescribed screening and disposal actions, be accomplished with respect to the contractor inventory described in the enclosed schedules. Plant clearance authority is hereby delegated for the purpose of this referral.							
4. GROSS VALUE OF INVENTORY SCHEDULES(\$)			5. SCHEDULE PARTIAL NUMBER		6. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER		
7. PRIME CONTRACT END ITEM					8. SUBCONTRACT NUMBER		
9. NAME AND ADDRESS OF PRIME CONTRACTOR (Include ZIP Code)				10. NAME AND ADDRESS OF SUBCONTRACTOR (Include ZIP Code)			
11. LOCATION OF PROPERTY				12. TYPE OF CONTRACT (X one)			
				a. FIXED PRICE		b. COST TYPE	
				d. LEASE AGREEMENT		e. FORMAL STORAGE AGREEMENT	
				c. FACILITY		f. BAILMENT	
13. TYPE OF INVENTORY (X one)							
a. TERMINATION		b. RESIDUAL TO COMPLETED CONTRACT			c. CHANGE ORDER		
d. EXCESS TO ACTIVE CONTRACT		e. PRODUCTION EQUIPMENT					
14. REMARKS							
15. ENCLOSURE(S) (Include Prime Contractor's Certificate of Allocability and Statement of No Further Requirements for the Property)							
16. REQUESTING OFFICIAL							
a. TYPED NAME (Last, First, Middle Initial)				c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)	
b. TITLE							
FIRST ENDORSEMENT							
17. TO (Include ZIP Code)				18. FROM (Include ZIP Code)		19. DATE (YYYYMMDD)	
(1) Disposition will be accomplished under case number _____.							
(2) It is requested that all correspondence with this office pertaining to enclosure(s) make reference to the assigned case number.							
20. PLANT CLEARANCE OFFICER							
a. TYPED NAME (Last, First, Middle Initial)				c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)	
b. TITLE							